



**KENTUCKY BOARD OF
EMERGENCY MEDICAL SERVICES**
COMMONWEALTH OF KENTUCKY
2545 LAWRENCEBURG ROAD
FRANKFORT, KENTUCKY 40601
PHONE: 502-564-8963
FAX: 502-564-4687



Educational Institution Application

_____-_____-_____
Official Use Only

1. Institution Name: _____
2. Institution Mailing Address: _____

3. Institution Physical Address: _____

4. Chief Administrative Officer: _____
5. Program Coordinator: _____
Telephone #: _____ Fax #: _____ Pager #: _____
Email Address: _____
6. Lead Instructor: _____
7. Assistant Instructor: _____
8. ____ Provide a copy of the institutions admission policy and procedures.
9. ____ Submit a copy of the course syllabus. (Re-submit when revised)
10. Please indicate the training course levels to be taught:
____ EMT-First Responder Course ____ EMT-First Responder Refresher Course
____ EMT-Basic
____ EMT-Paramedic (Please complete attached training course application)
____ Continuing Education Provider

(KBEMS – 04-2004)